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AUG 0 2 2004

PATENT

Attorney Docket No.	Serial No.
52314US016	10/014,267

FACSIMILE TRANSMITTAL LETTER

TOTAL NO. OF PAGES: 3

Sent to Facsimile No.: 703-872-9306 Examiner Phone No.: <u>703-305-1956</u>

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

In re Application of:	Gunter A. Kohler, William H	I. Esswein, Seth M. Kirk a	nd Brian J. Gates
Serial No.:	10/014,267	Examiner:	Crowell, Anna Michelle
Confirmation No.:	5099	Art Unit:	1763
Filed:	October 22, 2001		
For:	JET PLASMA PROCESS AT AND THE COATINGS THE		EPOSITION OF COATINGS

We are transmitting the following documents:

Facsimile Transmittal Letter [1 page]

Fee Transmittal [1 page]

Request for a One-Month Extension of Time to Reply [1 page]

Please charge Deposit Account 13-3723 fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

-		Respectfully submitted,
Registration No. 29,524	Direct Dial 612-331-7412	DIRCUI
Date: August 2, 2	004	David R. Cleveland
	Ce	rtificate of Facsimile Transmission
	8, I certify that this correspondenc 0, Alexandria VA 22313-1450, on	e is being sent to the telephone number shown below, addressed to the Commissioner for the below indicated date.
To Facsimile Number		Signature Kynully H. Kuuku
703-872-9306 Date		Printed Name
August 2 2004		I melle K Gruhe

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PTO/SE/17 (10-03)
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FEE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 110.00 METHOD OF PAYMENT (check all that apply) Chack Credit card Money Other None Order Deposit Account Number The Director is authorized to: (check all that apply) Charge free(s) indicated below Credit any overpayments (Charge free(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION 1053 130 1053 130 Non-English specification 1054 920* Requesting publication of SIR prior to Examiner action 1055 1360 2253 475 Extension for reply within first month FEE CALCULATION 110/014,267 Filing Date October 22, 2001 First Named Inventor Gunter A. Kohler Examiner Name Anna M. Crowell Art Unit 1763 Attorney Docket No. 52314US016 FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity FEE CALCULATION 1052 2052 25 Surcharge - late fling fee or cath Fee Paid
First Named Inventor Gunter A. Kohler Applicant claims small entity status. See 37 CFR 1.27
Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 110.00 Attorney Docket No. 52314US016 METHOD OF PAYMENT (check all that apply) Check Credit card Money Order None Order Deposit Account: Deposit Account Number Deposit Account Same The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. First Named Inventor Gunter A. Konier Examiner Name Anna M. Crowell Art Unit 1763 Attorney Docket No. 52314US016 FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Pee Description Code (\$) Surcharge - late filing fee or oath 1051 130 2051 85 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 11612 2,520 1812 2,520 For filing a request for ex parte reaxamination 1160 1805 1,840* 1105 1,840
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 110.00 Attorney Docket No. 52314US016 METHOD OF PAYMENT (check all that apply) Check Credit card Money Order None Order Order Order Surposit Account: Deposit Account Number Deposit Account Name The Director Is authorized to: (check all that apply) The Director Is authorized to: (check all that apply) Charge fee(s) indicated below Credit eny overpayments of fee(s) Charge fee(s) Indicated below, except for the filing fee to the above-identified deposit account. Examiner Name Anna M. Crowell 1763 Attorney Docket No. 52314US016 FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Peace Code (\$) Code (\$) Code (\$) 1051 130 2051 85 Surcharge - late fling fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1054 920* Requesting publication of SIR prior to Examiner action The Director is authorized to: (check all that apply) Charge fee(s) Indicated below, except for the filing fee to the above-identified deposit account. 1251 110 2251 55 Extension for reply within first month FEE CALCULATION 1106 1107 1108 1109 1109 1109 1109 1109 1109 1109 1109 1109 1100 1110
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Deposit Account: Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee To the above-identified deposit account. FEE CALCULATION Large Entity Small Entity Code (\$) Fee Peach Code (\$) Fee Peach Code (\$) Fee Peach Fee Code (\$) Fee Description Fee Paid Fee
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Code (\$) Code (\$)
1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month
1002 340 2002 170 Design filing fee 1401 330 2401 185 Notice of Appeal
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal 1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing
1004 770 2004 385 Reissue filing fae 1403 290 2403 145 Request for oral hearing 1408 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding
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SUBTOTAL (1) (\$) 1453 1.330 2453 665 Petition to revive - unintentional
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1601 1,330 2501 665 Utility issue fee (or reissue)
Total Claims
Independent 1503 640 2503 320 Plant Issue ree
Multiple Dependent
Large Entity Small
Fee Fee Fee Fee Description 1806 180 Submission of Information Disclosure Strit Code (\$) Code (\$) Recording each patent assignment per
1202 18 2202 9 Claims in excess of 20 property (times number of properties)
1201 88 2201 43 Independent claims in excess of 3 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be
1204 88 2204 43 Reissue independent claims examined (37 CFR 1.129(b)) over original patent 1801 770 2801 385 Request for Continued Examination (RCE)
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Other foo (opposity)
SUBTOTAL (2) (\$) **or number previously paid, if greater, For Reissues, see above SUBTOTAL (3) (5) 110
SUBMITTED BY (Complete (if applicable))
Name (Print/Type) VPavId R Cleveland / Registration No. 20 524 Telephone 812 221 7412
Signature Date August 2, 2004

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